

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and "Privacy
Statement On Reverse Side**

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CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER [REDACTED]			DEPARTMENT		
POSITION President		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9105	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
[REDACTED]			San Francisco,	CA	94107			

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
June 11				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(2) DATE	TIME										MILES	AMOUNT		
7	6:50	San Francisco											0.00	
8	5:43	San Francisco		5.48					32.00				37.48	
													0.00	
													0.00	
													0.00	
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													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	5.48	0.00	0.00	0.00		32.00	0	0.00	0.00	37.48
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

37.48

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

06/07/11 to 06/08/11 - Parking while at the Cerebral Palsy Workshop

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.55

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

06/24/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

22 June 2011

(17) and TITLE (See Item 17 on reverse)

DATE